PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09915301

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			45					RATE	FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			w minus 20=		· 2	5		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 - minus 3 =		* —			X40=		OR	X80=		
MU	JLTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		1 .	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR OR	TOTAL			
CLAIMS AS AMENDED - PART II							TOTAL		OH	OTHER	THAN		
_		(Column 1)		(Column 2) (Column 3)			٠	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	9 - 4 1 - 5 1 - 4 1 - 5 1 - 5	NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 45	Minus	** 2	45_	= /		X\$ 9=		OR	X\$18=		
	Independent	* 3 NTATION OF MI	Minus	*** PENDENT	S CLAIM	= /		X40=		OR	X80=		
				ENDEN	OLFAIN		'	+135=		OR	+270 <i>≠</i>		
							Α.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colur		(Column 3)	, _						
AMENDMENT B	30	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FÉE	
	Total	· 45	Minus	** 4	5	=		X\$ 9=	/	OR	X\$18=		
AME	Independent FIRST PRESEN	* 3	Minus	***	\$	= /	$\ \ $	X40=		OR	X80=/		
L	TINGT FREGE	TATION OF MC	JETIPLE DEI	PINDENT	CLAIIVI		J	+135=	/	OR	+270=		
							L A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)							
AMENDMENT &	CAR	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	+45	Minus	** 4	5_	= (X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESEN	* <u>5</u>	Minus	***	S CLAIM	= +		X40=		OR	X80=		
	THOT THESE	TATION OF IVIC	LIIFLE DEI	CINDENT	CLAIM		\ 	+135=		OR	+270=		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		∩R ∩R	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													